FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00031590 3 COMMITTEE NAME **OFFICE USE ONLY HCA Texas Good Government Fund** Date Received **ELECTRONICALLY FILED** 11/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 13155 Noel Road Suite 2000 Dallas, TX 75240 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Kristin NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Dyer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 13155 Noel Road, Ste. 2000 STREET **ADDRESS** (Residence or Business) Dallas, TX 75240 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 13155 Noel Road, Ste. 2000 MAILING **ADDRESS** Dallas, TX 75240 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 401-8770 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 September 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Go	vernment Fund		00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Adam Hinojosa State Ser	nator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	34,250.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	136,524.84
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	rjury, that the ac nation required	companying report is to be reported by me
		Kristin	n Dyer	
		Signature of Car		er
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

2 COMMITTEE NAME					13	Filer ID	(Ethics Commi	ssion Filers)
CA Texas Good Goverr	ment Fund					00031590		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Rep. Aich	a Davis State	Representa	ative		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d					
	Measures (Describe by date and location of election and nature of issue.)	A. Support	ed					
		B. Oppose	d					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed Sen. Ango	ela Paxton Sta	ate Senator			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d					
	Measures (Describe by date and location of election and nature of issue.)	A. Support	ed					
		B. Oppose	d					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Rep. Ang	elia Orr State	Representa	tive		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d					
	Measures (Describe by date and location of election and nature of issue.)	A. Support	ed					
		B. Oppose	d					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Armando Walle State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Borris Miles		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Brooks Landgraf State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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pager to complete this report if necessary.) 2. Measures (Describe by take and location of decision and nature of fisuse) 3. Officeholders Assisted (Quently by name or, if applicable, classify by party). COMMITTEE ACTIVITY (Altach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by take and location and nature of fisuse). A. Supported Rep. Cecil Bell State Representative (Describe by date and location and nature of fisuse). B. Opposed 2. Measures (Describe by date and location and nature of fisuse). B. Opposed 2. Measures (Describe by date and location and nature of fisuse). B. Opposed COMMITTEE ACTIVITY COMMITTEE ACTIVITY (Intelligible, classify by party). B. Opposed	14 COMMITTEE ACTIVITY	(Identify by name or, if		Rep. Caroline Fairly State Rep	presentative	
Describe by date and nature of issue) B. Opposed	paper to complete this		B. Opposed			
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(Describe by date and location of election and nature of Issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed		(Describe by date and location of election and	A. Supported			
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paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed	ACTIVITY	(Identify by name or, if				
(Describe by date and location of election and nature of issue.) B. Opposed	paper to complete this		B. Opposed			
B. Opposed		(Describe by date and location of election and	A. Supported			
2 Officeholders		nature of issue.)	B. Opposed			
Assisted						
(Identify by name or, if applicable, classify by party.)			ı			

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Chris Turner State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Christian Manuel Hayes	State Represen	tative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Claudia Ordaz State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	•	•			

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Cody Harris State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Cody Vasut State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Dustin Burrows State Rep.	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		•			

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2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ICA Texas Good Govern	ment Fund				00031590	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Donna Ca	mpbell State Se	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Jared Patt	terson State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Jeff Barry	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed				
		S. 9 _F F				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	!				

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			13 Filer ID	(Ethics Commission Filers)
ment Fund			00031590	
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Jeff Leach State	Representative	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.))			
Candidates (Identify by name or, if applicable, classify by party.)		Rep. John Bryant Sta	ate Representative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
1. Candidates	A. Supported	Rep. John McQueene	ey State Representative	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	В. Орроѕеч			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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			13 Filer ID	(Ethics Commission Filers)
nment Fund			00031590	
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Keresa Richardson State	Representative	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stan Kitzman State Repr	esentative	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if	A. Supported	Rep. Lauren Simmons State R	Representative	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) 8. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) 8. Opposed 3. Officeholders Assisted (Identify by name or, if applicable of issue.) 8. Opposed 3. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 8. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Rep. Stan Kitzman State Reproprietable, classify by party.) B. Opposed 3. Officeholders (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 4. Supported Rep. Lauren Simmons State Reproprietable, classify by party.) B. Opposed 5. Opposed 6. Supported Rep. Lauren Simmons State Reproprietable, classify by party.) B. Opposed 6. Supported Rep. Lauren Simmons State Reproprietable, classify by party.) B. Opposed 6. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed	1. Candidates (dentify by name or, if applicable, classify by party). B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party). B. Opposed A. Supported Rep. Keresa Richardson State Representative (describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Representative (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Representative Representativ

					Page 11 of 37
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Marc LaHood State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Matt Shaheen State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Mihaela Plesa State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

					Page 12 of 37
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Mitch Little State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Pat Curry State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Rafael Anchia State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	3. Officeholders Assisted	B. Opposed			

					Page 13 of 37
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governi	ment Fund			00031590	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ramon Romero State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ana-Maria Rodriguez Ra	mos State Repr	esentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Rhetta Bowers State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

					Page 14 of 37
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	nent Fund			00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stan Gerdes State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Tan Parker State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Terry Wilson State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, statisty by party.)				

					Page 15 of 37
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	nent Fund			00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Joan Huffman State S	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Keely Hancock Comptroller	· · · · · · · · · · · · · · · · · · ·	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Todd Hunter State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		•			

					Page 16 of 37
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governn	nent Fund			00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Toni Rose State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Vince Perez State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Will Metcalf State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

					17 of 37
17 CC	MMITTE	EE NAME	18 Filer ID	(Ethic	cs Commission Filers)
НС	CA Texa	s Good Government Fund	00031590		
		E SUBTOTALS SCHEDULE		;	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,700.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	100.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	400.00
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	34,250.50
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	1.00

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.		ges Schedule A1: L Rpt: 18/37	
2	FILER NAME HCA Texas	Good Government Fund		3 Filer ID 000315	(Ethics Commission	n Filers)
4	Date 10/21/2025	5 Full name of contributor			of Contribution (\$)	\$750.00
_		Highland Village, TX 75077-6752				
8	CNO	pation / Job title (See Instructions)	9 Employer (See Instructions) HCA Houston Healthcare			
	Date Full name of contributor out-of-state PAC (ID#:) 09/28/2025 Hassey, Shelley Contributor address; City; State; Zip Code			Amount	of Contribution (\$)	\$200.00
	Detectional	League City, TX 77573-1855	Formula (On a landwarf and)			
	Principal occupation / Job title (See Instructions) Mgr Quality Employer (See Instruction HCA Houston Clear La					
	Date 09/26/2025	Full name of contributor out-of-state PAC (ID#:_ Karlix, Krysla Contributor address; City; State; Zip Code		Amount	of Contribution (\$)	\$500.00
		Plano, TX 75093-5973				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) Green Oaks Hosp	1		
	Date 10/14/2025	Full name of contributor out-of-state PAC (ID#:_Silverio Baez, Julie Contributor address; City; State; Zip Code Pembroke Pines, FL 33029-4349		Amount	of Contribution (\$)	\$250.00
			Employer (See Instructions) HCA Houston Kingwood			

PLEDO	GED CONTRIBUT	ONS				SCHEDULE B
The	The Instruction Guide explains how to complete this form. 2 FILER NAME					lule B: 0/37
						cs Commission Filers)
	Good Government Fund			L	00031590	
4 TOTAL O	F UNITEMIZED PLEDGE	S			\$	0.0
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	8	Amount of pledge (\$)	9 In-kind description (If applicable)
	Byerman, Elizabeth				\$100.00	(п аррпсаые) Г
10/12/2025	7 Pledgor Address;	City; State; Zip Code			φ100.00	1
						<u> </u>
	The Woodlands, TX 773	82-1156		 [Check if travel outs	ide of Texas. Complete Schedul
	cupation / Job title (See Instruction	ons)	11 Employer (See Instru	ctic	ons)	
CNO			Houston Med Ctr			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 20/37
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	HCA Texas Good Government Fund				00031590	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	10/25/2025		HCA, Inc.			400.00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 21/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Anchia, Rafael (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 4468
Funanditura from	
Expenditure from corporate funds	Dallas, TX 75208-0468
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Rafael Anchia/Support/2026 Primary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50.16.16.15 to bottom 0/01	
Date	Payee name
10/21/2025	Barry, Jeff (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4418 Broadway St.
Expenditure from corporate funds	Pearland, TX 77581
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	oon barry, capporatoto r minary
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
10/21/2025	Bell, Cecil (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 819
Expenditure from corporate funds	Magnolia, TX 77355
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Occil Bell/Oupport/2020 1 Tithat y
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/	Vages	s/Contract Labor		OTHER (enter a	category not listed abo	ve)
			The Instruction Guid	le explains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 2/16 Rpt: 22/37	HCA Texas	s Good Governme	nt Fund				00031590		
4	Date	5 Payee name	9							
	10/02/2025	Blanco, Cé	sar (Sen.)							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$1,000.00	PO Box 27	074							
	Expenditure from corporate funds	El Paso, T	X 79926-7074							
8	PURPOSE	(a) Category (S	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributio	ns/Donations Mad	е Ву					plete Schedule T.	
	LA LIBITORE	Candidate/	Officeholder/Politic	cal Committee		\Box		, officeholder living		
						César Blanco	0/5	upport/2028	Primary	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office h	eld	
	Date	Payee name								
	10/02/2025	Bowers, RI	hetta (Rep.)							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$500.00	1	view Parkway, Ste	•						
	Expenditure from corporate funds	Rowlett, T	X 75088							
	PURPOSE	(a) Category (S	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Mad			Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	LAFENDITORE	Candidate/	Officeholder/Politic	al Committee				, officeholder living		
						Rhetta Bowe	rs/S	Support/202	6 Primary	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office h	eld	
	experialitate to belieff 6/01	'								
	Date	Payee name								
	10/02/2025	Bryant, Joh	nn (Rep.)							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$500.00	P.O. Box 1	40977							
	Expenditure from corporate funds	Dallas, TX	75214							
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributio	ns/Donations Mad	е Ву		<u> </u>			plete Schedule T.	
	LAFLINDITORE	Candidate/	Officeholder/Politic	cal Committee				, officeholder living	•	
						John Bryant/S	Sup	oport/2026 F	rımary	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
	experiorations to benefit C/Of	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 3/16 Rpt: 23/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Burrows, Dustin (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2569
φ5,000.00	F.O. BOX 2309
Expenditure from	
corporate funds	Lubbock, TX 79408
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Dustin Burrows/Support/2026 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	⊣
Date	Douge name
	Payee name
10/02/2025	Campbell, Donna (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 171002
Expenditure from corporate funds	San Antonio, TX 78217-8002
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Donna Campbell/Support/2028 Primary
Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	o
-	
Date	Payee name
10/21/2025	Curry, Pat (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	204 Woodhew Drive
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	W TV 70740
corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Pat Curry/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/16 Rpt: 24/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Davis, Aicha (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 71
Expenditure from corporate funds	DeSoto, TX 75115
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	, asia zana sapporazozo :a. j
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-1-	
Date	Payee name
10/02/2025	Fairly, Caroline (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 204445
Expenditure from	
corporate funds	Amarillo, TX 79144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Caroline Fairly/Support/2026 Primary
	Caroline Painty/Support/2020 Phintary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
10/02/2025	Gerdes, Stan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1060
Expenditure from	
corporate funds	Smithville, TX 78957
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORE	Candidate/Officeholder/Political Committee
	Stan Gerdes/Support/2026 Primary
Occupations Children	Out in the Committee of
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 5/16 Rpt: 25/37	2 FILER NAME HCA Texas Good Government Fund 3 Filer ID (Ethics Commission Filers) 00031590
4 Date	5 Payee name
10/21/2025	Hancock, Kelly
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 821349
Expenditure from corporate funds	North Richland Hills, TX 76182-1349
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Kelly Hancock/Support/2026 Primary
	reny rianessi eupperu 2020 rinnary
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2025	Harris, Cody (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	312 Glenwood Dr.
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Cody Harris/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2025	Hinojosa, Adam (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 18301
\$2,000.00	1101201
Expenditure from corporate funds	Corpus Christi, TX 78480
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EM EMBITORE	Candidate/Officeholder/Political Committee
	Adam Hinojosa/Support/2028 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/16 Rpt: 26/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Huffman, Joan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	3375 Westpark Drive
Expenditure from corporate funds	Houston, TX 77005
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Joan Huffman/Support/2028 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/02/2025	Hunter, Todd (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	445 Cape Henry Dr
Expenditure from corporate funds	Corpus Christi, TX 78412-2633
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Todd Hunter/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/21/2025	Kitzman, Stan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 553
Evpanditura from	
Expenditure from corporate funds	Pattison, TX 77466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Stan Nizman/Support/2020 Filmary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/16 Rpt: 27/37	2 FILER NAME HCA Texas Good Government Fund 3 Filer ID (Ethics Commission Filers) 00031590
4 Date	5 Payee name
10/21/2025	LaHood, Marc (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 127 Encino Blanco
Ψ300.00	127 Elicino Bianco
Expenditure from corporate funds	San Antonio, TX 78232
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Marc LaHood/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2025	Landgraf, Brooks (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2331 Ladue Lane
— Forest diture from	
Expenditure from corporate funds	Odessa, TX 79762
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Brooks Landgraf/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2025	Leach, Jeff (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 866186
Expenditure from corporate funds	Plano, TX 75086-6186
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Jeff Leach/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/16 Rpt: 28/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/21/2025	Little, Mitch (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2841 Seven Shields Lane
Expenditure from corporate funds	Lewisville, TX 75056
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFLINDITORL	Candidate/Officeholder/Political Committee
	Mitch Little/Support/2026 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/02/2025	Manuel Hayes, Christian (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3801 Turtlecreek Dr.
Expenditure from corporate funds	Port Arthur, TX 77642
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Christian Manuel Hayes/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Data	Davies same
Date	Payee name
10/02/2025	McQueeney, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 100458
- Formanditure Cons	
Expenditure from corporate funds	Fort Worth, TX 76185
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	John McQueeney/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/16 Rpt: 29/37 **HCA Texas Good Government Fund** 00031590 4 Date Payee name 10/21/2025 Metcalf, Will (Rep.) 6 Amount (\$) Payee address; State; Zip Code \$500.00 PO Box 454 Expenditure from Conroe, TX 77305-0454 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Will Metcalf/Support/2026 Primary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/21/2025 Miles, Borris (Sen.) Amount (\$) Payee address; City; State; Zip Code \$1,000.00 5302 Almeda Rd Expenditure from Houston, TX 77004-7440 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Borris Miles/Support/2026 Primary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2025 Ordaz, Claudia (Rep.) Amount (\$) Payee address: City: State; Zip Code \$500.00 P.O. Box 71738 Expenditure from El Paso, TX 79917 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Claudia Ordaz/Support/2026 Primary Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/16 Rpt: 30/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Orr, Angelia (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 337
·	
Expenditure from	Itacaa TV 760EE
corporate funds	Itasca, TX 76055
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Candidate/Officerioider/Political Committee Angelia Orr/Support/2026 Primary
	ruigona om oupporte 2020 i iimary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/02/2025	Parker, Tan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027-1741
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Tan Parker/Support/2028 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/02/2025	Patterson, Jared (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4412 Sapphire Dr
Expenditure from	
corporate funds	Frisco, TX 75034
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
L/II LIIDITOILE	Candidate/Officeholder/Political Committee
	Jared Patterson/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 11/16 Rpt: 31/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Paxton, Angela (Sen.)
10/02/2025	Faxion, Angela (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	5613 S. Woodcreek Circle
Expenditure from corporate funds	McKinney, TX 75071
	·
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	7 tilgeta i axtori/oupport/2020 i ilinary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff 6/01	··
Date	Payee name
10/02/2025	Perez, Vince (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	649 Londonderry Road
Ψ500.00	043 Editionality Notati
Expenditure from	
corporate funds	El Paso, TX 79907
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Vince Perez/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/02/2025	Plesa, Mihaela (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 796311
Expenditure from	
corporate funds	Dallas, TX 75248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Mihaela Plesa/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/16 Rpt: 32/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Richardson, Keresa (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 1179
Expenditure from corporate funds	McKinney, TX 75070
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Keresa Richardson/Support/2026 Primary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	
Date	Payee name
09/29/2025	Rinard, Eric
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	6810 Peatwood Way
Ψ200.00	0010 Featwood way
Expenditure from	Conseq. 1 and TV 77470 CC44
corporate funds	Sugar Land, TX 77479-6644
PURPOSE	
PURPOSE OF	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Office held Payee name
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Office held Payee name Rodriguez Ramos, Ana-Maria (Rep.)
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$)	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Payee name Rodriguez Ramos, Ana-Maria (Rep.) Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Office held Payee name Rodriguez Ramos, Ana-Maria (Rep.)
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) \$500.00	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Payee name Rodriguez Ramos, Ana-Maria (Rep.) Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$)	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Payee name Rodriguez Ramos, Ana-Maria (Rep.) Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) \$500.00 Expenditure from corporate funds PURPOSE	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought Payee name Rodriguez Ramos, Ana-Maria (Rep.) Payee address; City; State; Zip Code PO Box 852227
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) \$500.00 Expenditure from corporate funds PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Candidate/Officeholder name Office sought Payee name Rodriguez Ramos, Ana-Maria (Rep.) Payee address; City; State; Zip Code PO Box 852227 Richardson, TX 75085 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) \$500.00 Expenditure from corporate funds PURPOSE	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Candidate/Officeholder name Office sought Office held Payee name Rodriguez Ramos, Ana-Maria (Rep.) Payee address; City; State; Zip Code PO Box 852227 Richardson, TX 75085 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) \$500.00 Expenditure from corporate funds PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Candidate/Officeholder name Office sought Payee name Rodriguez Ramos, Ana-Maria (Rep.) Payee address; City; State; Zip Code PO Box 852227 Richardson, TX 75085 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 10/02/2025 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Refund of 2024 Contribution Check if Austin, TX, officeholder living expense Refund of 2024 Contribution Candidate/Officeholder name Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/16 Rpt: 33/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/02/2025	Romero, Ramon (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 181
Expenditure from corporate funds	Ft Worth, TX 76101-0181
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Ramon Romero/Support/2026 Primary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
10/02/2025	Rose, Toni (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 41867
Expenditure from	
corporate funds	Dallas, TX 75241-0867
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	The state of the s
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
10/02/2025	Shaheen, Matt (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3917 Malton Dr.
Expenditure from corporate funds	Plano, TX 75025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Matt Shaheen/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.50	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
rnse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (parter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Tatal marras Cabadula E1.	·
1 Total pages Schedule F1: Sch: 14/16 Rpt: 34/37	2 FILER NAME HCA Texas Good Government Fund 3 Filer ID (Ethics Commission Filers) 00031590
4 Date	5 Payee name
10/21/2025	Simmons, Lauren (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Lauren Simmons/Support/2026 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/26/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$22.05	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/30/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$14.80	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/16 Rpt: 35/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/16/2025	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.55	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Merchant Fees
	Welchant rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/16/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$6.10	185 Berry Street, Suite 550
\$0.10	165 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(5) 5
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/02/2025	Turner, Chris (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 182093
— Forestitus from	
Expenditure from corporate funds	Arlington, TX 76096-2093
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LIBITORE	Candidate/Officeholder/Political Committee
	Chris Turner/Support/2026 Primary
Commission ONII V if dispost	Condidate/Office holder name Office country
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/16 Rpt: 36/37	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
10/21/2025	Vasut, Cody (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 2724
Expenditure from corporate funds	Angleton, TX 77516
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Cody Vasut/Support/2026 Primary
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2025	Walle, Armando (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4826 Hollybrook Lane
, ,	,
Expenditure from corporate funds	Houston, TX 77039
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Armando Walle/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2025	Wilson, Terry (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 2302
Ψ500.00	1 .O. BOX 2002
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EM EMBITORE	Candidate/Officeholder/Political Committee
	Terry Wilson/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 37/37 2 FILER NAME Filer ID (Ethics Commission Filers) **HCA Texas Good Government Fund** 00031590 8 Amount (\$) Date 5 Name of person from whom amount is received 09/29/2025 \$0.92 Wells Fargo Bank 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Name of person from whom amount is received Date 09/29/2025 Wells Fargo Bank \$0.08 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest